

## DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

http://www.dail.vermont.gov Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

April 5, 2019

Ms. Jennifer Silva, Manager Davis Home 45 State Street Windsor, VT 05089-1213

Dear Ms. Silva:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **March 6, 2019.** Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Pamela M. Cota, RN Licensing Chief

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	ECONSTRUCTION	(X3) DATE SURVEY COMPLETED
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R100 Initial Comments:		R100		
conducted by the Di	emplaint investigation was vision of Licensing and b. The following regulatory tified:			
R114 V. RESIDENT CARI	E AND HOME SERVICES	R114		i
5.3 Discharge and	Fransfer Requirements			
5.3.a Involuntary Di Residents	scharge or Transfer of			
(2) In the case of an transfer, the manage	involuntary discharge or er shall:			
member and/or legal resident, of the dischedisched specific reasons for the language and manner at least 72 hours before and thirty (30) the home. If the resimember or legal representations assistance, the notice Term Care Ombudsh	, and if known, a family representative of the targe or transfer and the the move in writing and in a er the resident understands ore a transfer within the days before discharge from dent does not have a family resentative and requests a shall be sent to the Longman, Vermont Protection and the Senior Citizens Law			
agency for giving writ transfer and include a the resident has the r decision to transfer of appropriate information	on regarding how to do so.			
the resident may remain on of Licensing and Protection	nt in the written notice that ain in the room or home			
RATORY DIRECTOR'S OR PROVIDER  E FORM	SUPPLIER REPRESENTATIVE'S SIGN	ATURE	TITLE 3/28	(X6) DATE

Division	of Licensing and Pr	otection	·		FORM APPROVE
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R114	Continued From pa	age 1	R114		
	during the appeal.				
	iv. Place a copy of clinical record.	f the notice in the resident's			
	by: Based on interview failed to provide a discharge/transfer legal representative sample of 2, (Resigniculate the following Per review of the pland signed by the Resident #1 had de overnight and incresive walk in the AM. The contacted by the fatransfer to another resided on the second	notice to a resident and/or the e for 1 applicable resident in a dent #1). The detailed findings		distingus in distingus in have made check institutes some does agelin, when enclosed in the contractions of the check is a contraction.	cot happen
:	an emergency, des glider. Resident ar manager on 1/17/1 transfer. Family qu transfer would need manager stated ["if that would be great him/her"]. Reside 1/18/19 via family v care home.  Per facility Dischard Davis Home implemente manager will, need to some the manager will will be some the manager will be some the manager will be some the will be so	spite the presence of a stair and family notified by the facility 9, of the facility's request to restioned how quickly a d to happen and the facility they have a bed tomorrow because we can't evacuate and #1 was discharged on rehicle to another residential ge Policy identifies that if the ments an involuntary discharge of the resident, family all representative of the		RN Manager i requirement assessment HAVE Policies	date complete 0.11 follow + do

Division	of Licensing and Pro	tection		_	
	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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R114	Continued From pa	ge 2	R114		
R116 SS=D	the move in writing manner the resident hours before a trans (30) days before districted to include a state resident has the decision to transfer appropriate information. The Registered Nural 3/6/19 at approximation and/or family were respropriate involunt prior to transfer/discoprovided with the approximation at this time not followed, that state in the request of an confirms at this time not followed, that state in the resident's current state in the region of the region of the resident's current state in the region of the reg	se (RN) Manager confirms on tely 9:23 AM that the resident not provided with the ary discharge/transfer notice tharge, nor were they propriate information related appeal. The facility RN also that the facility policy was ne did not conduct a ssessment identifying the atus nor did the facility gagency to request and	R116	GNE formas dis motice - with air requirements.  Will contact lice agency for guine due to unabilil Resident to EV Could Not amb down a flight Staff unable to due to siglificant	ensing tance ty Sor accate volate ut of gency o assist use stair
00-D	5.3 Discharge and	Transfer Requirements		ace to signal	e in emergency
	5.3.b Emergency D Residents	ischarge or Transfer of		will coul physical discuss and as	Cicen power outry
	(1) An emergency of made with less than the following circum:	lischarge or transfer may be thirty (30) days notice under stances:		Soc emergences	Schange
	in the resident's reco transfer is an emerg	ending physician documents ord that the discharge or ency measure necessary for of the resident or other		will send paper to licensing ag	wock ency-

	or Licensing and Pro	Diection				
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KHO	Continued From pa	ge 3	R116			
	residents; or					
	<ol> <li>ii. A natural disaste</li> </ol>	r or emergency necessitates		_		
	the evacuation of re	esidents from the home; or	1			
	1					
		esents an immediate threat to				
		of self or others. In that	•	•		
	case, the licensee s	shall request permission from				_
	the licensing agenc	y to discharge or transfer the	1			
		y. Permission from the	:			
	licensing agency is	not necessary when the	Ì			
		quires intervention of the				
		h crisis personnel, or				
	emergency medical	services personnel who				
		onal judgement that discharge				
		cur immediately. In such	ì			
	the next business d	agency shall be notified on				
	the next pasitiess di	ay, O				
	iv. When ordered o	r permitted by a court.				
	This REQUIREMEN	IT is not met as evidenced				
	by:	To the met de ovidenced	!			
		and record review, the facility	,			
	failed to request an	emergency discharge/transfer				į
	to the licensing age	ncy nor did the facility have				!
	physician document	ation supporting the need for				•
	the emergency trans	sfer, for 1 applicable resident				
	in a sample of 2, (Re	esident #1). The detailed	•			
	findings include the	following:				
	Daniel 1 Au					
	her review of the pro	ogress notes dated 1/17/19				
	and signed by the R	N Manager, identifies that	j	•		
	resident #1 had der	veloped shortness of breath	[			
	ewelling) The resid	ased pedal edema (ankle	ĺ			
	walk in the AM The	ent was unable to stand or				
•	walk in the AM. The	HUSPICE HUISE WAS				
		ility manager to discuss acility. Since Resident #1				
		acility. Since Resident#1  nd floor, the facility's concern				
		age the stairs in the case of				

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an emerglider. Finanager transfer transfer that wou him/her" 1/18/19 to care hon Per revies assistance 9/25/18, evidence the physical field of the physica	gency, desident arm on 1/17/1 Family que would need stated ["if ld be great l. Reside via family vine.  Ew of the mode (PA) say 9/18/18 and in the medician or the fifthe resident and the resident arms.	pite the presence of a stair of family notified by the facility 9, of the facility's request to estioned how quickly a d to happen and the facility they have a bed tomorrow because we can't evacuate at #1 was discharged on ehicle to another residential edical record, the physician of the resident on 12/18/18, d 7/13/18. There is no dical record evidencing that physician assistant were ent's current change in status and/or inability to stand or		* will request.  discharge. con  Use Statingui  Fire on Powe	
approxim the physi commun and a rec	nately 9:23 cian and/o icate the cl quest for a	irms on 3/6/19 at AM, that s/he did not contact r the physician assistant to nange in Resident #1's status transfer.  E AND HOME SERVICES	R136		!
5.7.Asse 5.7.c Ea annually	ch residen and at any i the reside	shall also be reassessed point in which there is a ent's physical or mental		Will do Asse Call provider Request Emuge Contact vicens agency	soment ncy DK iva

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	Walk The apport a signerate contain Resigners R178 V. R SS=E  5.11	facility RN confroximately 9:23 gnificant change dent's current stact the physicial dent #1's status ESIDENT CAR  Staff Services  .a There shall the status in the status	firms on 3/6/19 at AM, that s/he did not conduct e assessment identifying the atus nor did the facility in to communicate the change s. E AND HOME SERVICES		Section to proportion to be done. — This will be my weetly reaction change for condition change for condition change for call bell can bedside on a	mpt for hounge cusserent.  nontored with es— all beel will be at careflor tound by 4514  Norses cure
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NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS CITY, STATE, ZIP CODE  45 STATE STREET WINDSOR, VT 185089  PROVIDER'S PLAN OF CORRECTION (EACH DORRECTION WIST BE PRECEDED BY NULL PRIERY TAG  SUMMANY STATEMENT OF DEFICIENCES PRIERY CACH DORRECTION AND US AS DENTIFYING INFORMATION)  REQULATORY ON ILSC IDENTIFYING INFORMATION)  R178  Continued From page 6  provide necessary care, to maintain a safe and healthy environment, and to assure prompt, appropriate action in cases of injury, illness, fire or other emergencies.  This REQUIREMENT is not met as evidenced by: Based on observation, resident interview and confirmed by staff interview, the facility failed to provide a safe environment to assure prompt and appropriate action in cases of injury, illness, fire or other emergencies for 6 residents residing on the second floor, and 2 of the 6 residents residing on the second floor, and 2 of the 6 residents are diabetics who could require emergency treatment, (Residents & 2 and &3). The findings include the following.  1. Per observation during an investigation, it was discovered that six (6) residents who reside on the second floor, and pay the saliny and or the six (6) residents who reside on the second floor, and pay the control of the facility, have no mechanism to notify staff, of any need during the over-night shift or any time. One (1) of the six (6) residents who lives upstairs is designated as an Enhanced Residential Care (ERC) resident, (nursing home level of care), who require assistance managing the stailway and/or the stair gilde. There is no elevator in the building, Two (2) of the residents are diabetic and one (1) of the two (2) receives insulin injections twice a day for the management of unstable blood sugars.  2. Per interview with Resident #2 and #3, who are both diabetics, were asked by the surveyor in the presence of the manager, what would they do not have call lights or a way of contacting the nursing staff. Wether residents are communicate	STATEMEN	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	LE CONSTRUCTION	
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Random residents on both floors were asked if						

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		0021	B. WING		C 03/06/2019
NAME OF F	ROVIDER OR SUPPLIER	STREETAI	ODRESS, CITY,	STATE, ZIP CODE	
DAVIS H	OME		E STREET R, VT 05089	)	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	STEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	LD BE COMPLETE
R178	Continued From pa	ge 7	R178		
:		ontacting the staff if they and responded they would			ļ
	on 3/6/19 at approx plan to purchase a enable all residents notify staff if they no	er confirms during the interview imately 10 AM, that there is a call light system that would in the facility the ability to eeded assistance. To date the s not ordered any system.	-		
R226 SS=D	VI. RESIDENT'S RI	GHTS	R226		
	6.14 Residents sub from the home, und regulations, shall:	eject to transfer or discharge ler Section 5.3 of these		Will use dischar Onch list to en	al Note
	6.14.a Be allowed to decision-making protein the selection of an a	to participate in the ocess of the home concerning alternative placement;	:	all requiremen	nfs
	6.14.b Receive ade transfer; and	equate notice of a pending		We Met Cle	eary
	discharge by filing a	o contest their transfer or request for a fair hearing services Board in accordance in 3 V.S.A. §3091.	,	m pace	· :
	by: Based staff interview facility failed to provi sample of 2, with ad involuntary discharg adequately provide a	IT is not met as evidenced wand record review the ide 1 applicable resident in a lequate notice of an e/transfer, failed to a notice of a pending transfer he resident the ability to			

FORM APPROVED Division of Licensing and Protection STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILOING: \_ C 0021 B. WING 03/06/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 45 STATE STREET DAVIS HOME WINDSOR, VT 05089 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIOER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) R226 Continued From page 8 R226 contest the transfer/discharge by filing a request for a fair hearing before the Human Services Board. Therefore, Resident Rights were violated. for Resident #1. The detailed findings are as follows: Per review of the progress notes dated 1/17/19 and signed by the RN Manager, identifies that Resident #1 had developed shortness of breath overnight and increased pedal edema (ankle swelling). The resident was unable to stand or walk in the AM. The hospice nurse was contacted by the facility manager to discuss transfer to another facility. Since Resident #1 resided on the second floor, the facility's concern was inability to manage the stairs in the case of an emergency, despite the presence of a stair glider. Resident and family notified by the facility manager on 1/17/19, of the facility's request to transfer. Family questioned how quickly a transfer would need to happen and the facility manager stated ["if they have a bed tomorrow that would be great because we can't evacuate him/her"]. Resident #1 was discharged on 1/18/19 via family vehicle to another residential care home. Per facility Discharge Policy identifies that if the Davis Home implements an involuntary discharge the manager will, notify the resident, family member and/or legal representative of the

discharge or transfer and the specific reasons for the move in writing and in a language and manner the resident understands at least 72 hours before a transfer within the home and thirty (30) days before discharge from the home. The notice to include a statement in large print that the resident has the right to appeal the home's

decision to transfer/discharge with the

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Division of Licens	ing and Pro	otection			IONWAFEROV
STATEMENT OF DEFIC	IENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND I DAN OF CORRE	CHON	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
		0021	B. WING		C 03/06/2019
NAME OF PROVIDER O	OR SUPPLIER	STREET AC	DORESS, CITY, S	TATE, ZIP CODE	1 33.33.233
DAVIS HOME			STREET	_, <u>-</u>	
DAVIS HOWLE	<u>.                                    </u>	WINDSO	R, VT 05089		
PREFIX (EAC	H DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE COMPLET
R226 Continue	ed From pa	ge 9	R226		
3/6/19 at and/or fa appropri prior to t provided to the reconfirms not follow significan resident's contact t	t approximal amily were unate involunt ransfer/discurst with the approximation of an at this time wed, that s/ont change as current st	rse (RN) Manager confirms on ately 9:23 AM that the resident not provided with the tary discharge/transfer notice charge, nor were they propriate information related appeal. The facility RN also e, that the facility policy was he did not conduct a assessment identifying the atus nor did the facility g agency to request and			
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